

# Haitian Helping Haitian Mission Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Mission: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Number of trips to Haiti: 1<sup>st</sup> trip \_\_\_\_ 2-4 trips \_\_\_\_ 5 or more \_\_\_\_

Medical \_\_\_\_\_ Non-Medical \_\_\_\_\_

Number of other missions outside of Haiti that you have made: \_\_\_\_\_

What Locations: \_\_\_\_\_

List three (3) things you liked the most about your mission to Haiti: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three (3) things you did not like about your mission to Haiti: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What changes would you recommend be made to improve the Haiti Mission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you provided with adequate background information about Haiti prior to your mission?

Living conditions/accommodations \_\_\_\_\_

**Culture awareness** \_\_\_\_\_

**Things to pack** \_\_\_\_\_

**Activities while in Haiti** \_\_\_\_\_

**What documents needed** \_\_\_\_\_

**Immunization/Medication recommended** \_\_\_\_\_

**Security** \_\_\_\_\_

**Luggage information** \_\_\_\_\_

**Type of food to bring from Home** \_\_\_\_\_

**Immigration and Customs going to Haiti and back to the US** \_\_\_\_\_

**Communication to the US while in Haiti/from family to Haiti** \_\_\_\_\_

**Type of food and water while in Haiti** \_\_\_\_\_

**Mission policies (e.g. dress, handout etc.)** \_\_\_\_\_

**What areas do you recommend improvement** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Would you be interested in going on another mission?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

**Would you be willing to help prepare and organize future missions to Haiti?**

\_\_\_\_\_

**Please check areas of interest:** pill packing \_\_\_\_\_, gathering supplies \_\_\_\_\_,  
collecting documents \_\_\_\_\_, setting up travel arrangements \_\_\_\_\_  
fund raising events \_\_\_\_\_, speaking engagements to promote HHHO \_\_\_\_\_,  
family at home support group \_\_\_\_\_,  
Others \_\_\_\_\_.

**Please return to Connie Marthaler Po Box 109 Coleman, WI 54112**